

PARENTAL CONSENT FORM

Camper's FIRST Name: _____ LAST Name: _____ Date of Birth _____
Day Month Year

Collection Authorisation For your child's personal safety if a chaperone other than the parent is collecting your child please state the name and relationship below (please inform them that they may be asked to provide Photo ID for security purposes). This list may be updated on a daily basis, please inform the Sports Centre Reception.

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Promotional Photography Consent

Photography and video may be taken by ACS Cobham International School. Copyright of all photography and video of Activity Camps remains the property of ACS Ltd. who reserves the right to reproduce and publish photography and video for advertising and commercial purposes. These images will only be used by ACS Ltd. and not by any third parties. If you do not wish your child to be included in photography or video please inform us in writing by email activitycamps@acs-schools.com

First Aid Consent

I give my consent for the administration of basic first aid treatment by staff. In the event of an emergency I authorise staff to take appropriate action to obtain necessary medical help for my child, including sending them to hospital. I understand that if my child requires medical treatment and/or medication to be administered during camp hours then a separate **Administering Medicines to Students** form must be completed. All medications **MUST** be in pharmacy packaging, sealed in a zip-lock bag, appropriately labelled with the child's name and dosage instructions and turned into the sports centre reception daily for secure storage.

Medical Awareness Please complete the following section accurately to help us look after your child's health and safety:

Medical Conditions Past & Current	
Mental & Emotional Health Information	
Allergies	
Dietary Requirements	

Please be aware ACS International Schools discourages any nuts or nut products being brought onto campus in pack lunches and snacks, and we respectfully ask all families participating in Activity Camps programmes to support this request.

Does your child have an Epipen? NO YES If yes what allergy? _____

The child listed above has my permission to engage in Activity Camps. I agree that my child is voluntarily participating with the knowledge of the inherent and other risks (both known and unknown) in these programmes. My child and I accept full responsibility for any injury, damage, death or other loss resulting from these risks and/or resulting from my child's own negligence or other misconduct. I agree to notify Activity Camps in writing of any changes to the above information that may occur between the date of this form and my child's arrival at camp. This enrolment form is completed to the best of my knowledge and contains no misrepresentations or omissions that might or would affect my child's experience at camp.

I have read and agree to the Activity Camps Terms and Conditions.

*Signed:	Date:
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*Parent/Guardian signature required to authorise and validate your child's enrolment.

Miss Alison Pugh - Activity Camps Director
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 Website: www.acs-schools.com/acs-cobham/activity-camps.aspx

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